Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: June 20-September 30, 2016 **Grantee Name:** Epiphany Caring for Life(195049)

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	4	5	8	10	10	11	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
5	8	12	20	0	3

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
16	31	1

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
21	8	2	1	1	13	2

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
8	35	5

6. Client Type:

Mother	Father	Grandparent	Other
45	1	1	1

Instructions for completing form

1. Complete a form on each new client who qualifies for participation in the Positive Alternatives program. (Eligible clients are women residing in Minnesota who are pregnant or who are parenting an infant 12 months old or younger.)
2. Collect answers for the form at the time the Necessary Services discussion is held with the client.
3. For each question, check the box that corresponds to the category best describing the client.
4. If your organization is not able to collect information requested on the form (e. g., race and/or ethnicity) check "*Unknown*".
5. For "Client Pregnancy Status", if the client is entering the program parenting an infant 12 months old or younger, check "*Post-partum*". When pregnancy status is unidentified please check "*Pregnancy Status Unknown*." If the client is a father or grandparent please check "*Other.*"
6. Please check your math. **Each Line should add up to the same total.**